



## Requests for Information Tracking Tool

1. **Organization Name:**
2. **Organization Address:**
3. **Request Date:**
4. **How was the request received?**
  - A. Telephone
  - B. E-mail
  - C. In-person
  - D. Mail
5. **Type of request:** (Select all that apply)
  - A. Information
  - B. Referral
  - C. Training
  - D. Resources/Materials
6. **Requestor interest:**
  - A. Personal Interest
  - B. Professional Interest
  - C. Family/Friend Concerns
  - D. Unspecified/General Interest
7. **Response to request:** (Select all that apply)
  - A. Consulting/Technical Assistance
  - B. Provide materials/resources
  - C. Refer to services/programs within organization
  - D. Refer to services/programs in other organizations
8. **How did they hear about the program?**
  - A. Phone book/directory
  - B. Printed materials (pamphlet, flyer)
  - C. Friend or Colleague
  - D. Health care professional
  - E. Website
  - F. Local TV/Radio
  - G. Washington Quit Line
  - H. Other
9. **Notes about request:**